

By Businesses Registered with the State Corporation Commission

I/we _____

My/our Post Office address is:

My/our Residence address is:

My/our Phone number is: () ()

Type of Fictitious Name Recorded: Corporation ☐ Limited Liability Co. (LLC) ☐
General Partnership ☐ Limited Partnership (LP) ☐

This fictitious name was originally filed in Book # _____, Page # _____, on the _____ day of _____, _____.

Legal Name of Business Registered with SCC

BY:

Signature of Officer

TITLE:

Commonwealth of Virginia
County of Fauquier to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that _____, whose name(s) is/are signed to the foregoing and hereunto annexed Certificate dated the ____ day of _____, _____ has/have this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____, _____.

Deputy Clerk (Notary Public)